

## Application for Retirement Benefits – Part 2

### Section One – Member Identification *(completed by member)*

1. Name of Retiring Member	2. Social Security Number	3. TRF Number
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### Section Two – Employer Verification *(completed by employer)*

The employer must complete this part of the form. After completion, the employer should submit the form to the Fund either by mail or facsimile, along with a copy of the member's 2002-03 contract *(plus supplements)*. Please submit all summer school contracts.

SCHOOL YEAR	CONTRACT SALARY	SALARY EARNED (P-31 Report)	SALARY LOST OR EXTRA EARNINGS (Show + or -)	REASON FOR SALARY LOSS OR EXTRA EARNINGS	SALARY INCLUDED IN P-31 PAID IN CONTEMPLATION OF RETIREMENT
1997-98	\$	\$	\$		\$
1998-99	\$	\$	\$		\$
1999-00	\$	\$	\$		\$
2000-01	\$	\$	\$		\$
2001-02	\$	\$	\$		\$
2002-03	\$	\$ (Anticipated)	\$		\$ (Anticipated)

Does the 1997-98 P-31 Salary Earned Report above include any amount actually earned prior to July 1, 1997, but paid July 1, 1997 or later from regular contract or summer school / other?

☐ YES    ☐ NO    Give Amount: Regular Contract \$ \_\_\_\_\_ Summer School/Other \$ \_\_\_\_\_

Does the 1998-99 P-31 Salary Earned Report above include any amount actually earned prior to July 1, 1998, but paid July 1, 1998 or later from regular contract or summer school / other?

☐ YES    ☐ NO    Give Amount: Regular Contract \$ \_\_\_\_\_ Summer School/Other \$ \_\_\_\_\_

Does the 2002-03 P-31 Salary Earned Report above include any amount actually earned prior to July 1, 2002, but paid July 1, 2002 or later from regular contract or summer school / other?

☐ YES    ☐ NO    Give Amount: Regular Contract \$ \_\_\_\_\_ Summer School/Other \$ \_\_\_\_\_

Is the employee in the "96" Plan?

☐ YES    ☐ NO

Does the employer pay the employee contributions?

☐ YES    ☐ NO

Date school began paying contribution for employees:

### Record of the 2002-2003 Quarterly

Quarter 2002-03	Salary Earned P-31 Report	Contributions Paid by Employee	Contributions Paid by Employer	Days Worked
1 <sup>st</sup> Qtr.	\$	\$	\$	
2 <sup>nd</sup> Qtr.	\$	\$	\$	
3 <sup>rd</sup> Qtr.	\$	\$	\$	
4 <sup>th</sup> Qtr.	\$	\$	\$	

Name of person at school to contact for questions

Telephone number

(       )

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**Section Three – Employer Verification (completed by employer)**Employer, please complete this section and forward the original to the Fund as soon as possible.

Name of Teacher		Social Security Number		Number of days for which salary was paid in the 2002-03 school year: <input type="text"/>	
SCHOOL YEAR	CONTRACT SALARY	SALARY EARNED (P-31 Report)	SALARY LOST OR EXTRA EARNINGS (Show + or -)	REASON FOR SALARY LOSS OR EXTRA EARNINGS	SALARY INCLUDED IN P-31 PAID IN CONTEMPLATION OF RETIREMENT
2002-03	\$	\$	\$		\$
List amount of TRF contributions made during school year (July 1 through June 30)					
School Year		Total Amount Paid		Amount employee paid	Amount employer paid
2002-03		\$		\$	\$
Employer School Unit		TRF employing unit number		County	
School Address (Street, city state, ZIP Code)		Person to Contact		Telephone Number (with area code)	
				( ) -	
				FAX Number (with area code)	
				( ) -	
Employer's Signature			Employer's Printed Name		
I hereby affirm that, under the penalty of perjury, according to official records, the above information is true and accurate and that the SERVICE or LEAVE OF ABSENCE (excepting disability retirement) and COMPENSATION of:					
Member's Name		Member's Social Security Number		Member's TRF Number	
for service as a teacher ceased on:			Member's Last Day of Service		
			, 20 _____		

**EMPLOYER / SCHOOL UNIT INSTRUCTIONS**

1. Please enclose a description of your current retirement incentive program. Please note that only \$2,000 of this amount may be used.
2. Please complete the employer verification report in two stages:  
  
Stage 1 – Please complete "Section Two – Employer Verification"; please mail or FAX a copy to our offices along with a copy of the member's 2002-2003 contracts with amendments. Please submit all summer school contracts for the last five years of service.  
  
Stage 2 – As soon as possible, complete "Section Three – Employer Verification" and return to our offices. The member's first payment is dependent on an expediently returned "Section Three." **Please note that your retiring teachers will not receive their final benefit calculation until after this form is received in our office.**
3. In the event that the member gives the employer the "Application for Retirement Benefits – Part 2" less than two weeks prior to his or her last day of service, please complete both stages at the same time and forward the completed form to our offices immediately.

Please do not hesitate to call or write with any questions or suggestions that might improve the retirement process:

Indiana State Teachers' Retirement Fund  
150 West Market Street, Suite 300  
Indianapolis, IN 46204-2809Telephone: (317) 232-3860 / (888) 286-3544  
FAX: (317) 232-3882